

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-579)

SERIAL NO.

APPLICANTS

FILING DATE

10/09/82 3

82014 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
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14		/		/		/
15		2		2		2
16		2		2		2
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49						
50						
TOTAL IND.	10		10		10	
TOTAL DEP.	31		31		24	
TOTAL CLAIMS	41		41		34	

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS